The Community Engagement Initiative: A Local Method for Improving Access

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Presentation Objectives

• Describe a method (called community engagement or CE) to reduce barriers to accessing different environments

• Review CE implementation in Oregon and Kansas
Funding

- The University of Kansas Research and Training Center on Measurement and Interdependence in Community Living (MICL) & NIDRR

- Centers for Disease Control and Prevention
Community engagement is the process of working collaboratively with groups who are affiliated by geographic proximity, special interests, or similar situations, on common issues affecting their well-being. (CDC, 1997)
Social Model of Disability
Source: Drum, Krahn, & Bersani, 2009
The purpose is to:

- Help PWDs and families identify local barriers and facilitators to accessing different environments; and
- Encourage local responses to the identified barriers
Types of Barriers Addressed by CE

Access to:

Education, Employment, Housing, Public Places, Recreation, Transportation, and Health Care
Recent Implementation of Community Engagement

In last five years, Oregon CE has focused on access to health care

Why?
Health Status of People With and Without Disabilities

Oregon BRFSS Data, 2009
Providers Gather MORE Information On:

- Pain
- Depression
- Stress
- Work/hobbies
Providers Gather LESS Information On:

- Smoking
- Blood pressure
- Cholesterol
- Mammograms
- Colorectal exams
- Sexual activity
Other Risks

PWDs are more likely to:
• Smoke
• Be overweight or obese
• Have unmet health care needs

Less likely to:
• Get preventive services
• Engage in physical activity
The Social Model at Work

Community Engagement focuses on local barriers to accessing health care:

• Transportation
• Facility access & services
• Provider attitudes and communication
CEI Methodology

Step 1. Town Hall Meeting

Step 2. Community Infrastructure Meeting

Step 3. Resource Mobilization

Step 4. Follow-up
CE Town Hall Meeting

• Identify Local Community Partner (recruitment, facilitation, follow-up)
• Identify Community Assets
• Identify Barriers
  ▪ Transportation
  ▪ Facility Access & Services
  ▪ Communication & Attitudes
Step 1: CE Town Hall Meeting

• Prioritize barriers
• Discuss possible solutions
• ID reps for next phase
Step 2: Community Infrastructure Meeting

**Purpose:**
Bring together Health Care providers, local government and others (Town Hall reps.) to:

- Review assets identified during town hall meetings
- Validate / Modify barriers
Step 3: Resource Mobilization

**Purpose:** Obtain community commitment during the infrastructure meeting to remove identified barriers:

- Facilitated discussion of barriers and potential solutions, including potential solutions identified during Town Hall meeting
- Community Infrastructure Workbook
Step 4: Follow-Up

**Purpose:** To document change within the community:

- Local liaison designated to record decisions and steps taken to resolve access barriers
- OHSU serves as ongoing resource (technical assistance)
A multisite embedded case comparison of 9 matched communities (Oregon, Kansas, Missouri)

Embedded case studies are studies where different levels or sources of data are collected

Pre-Post Data at the individual, environmental, and organizational level
Individual Measure

- Community Participation and Perceived Receptivity Survey (CPPRS) - Measures participation, accessibility, and perception of treatment

- Disability Rights Attitude Scale (DRAS) - Assesses attitudes toward rights under the ADA (employment, government, public accommodations)
Environmental Measures

- Outpatient Health Care Usability Profile (OHCUP)
  - Measures the usability of healthcare facilities
  - Based on the ADAAGs
Organizational Measures

- Action Logs - records of decisions and steps taken to resolve access barriers
- Case Reports
CE Locations: Oregon

- Bend (CIL)
- Corvallis (ARC)
- Pendleton (CIL)
- Medford (CBO)
- Newport (CBO)
- Roseburg (CIL)
- Coos Bay (CBO)
- Klamath Falls (CIL)
Corvallis- Prioritized Barriers

Transportation
• Dial-a-bus short staffed
• City bus service limited

Facility Access & Services
• Accessibility of hospital parking
• Parking lot signage
Provider Attitudes & Communication

- Lack of education among HC providers re disability issues

- Doctors who do not communicate with care providers or directly w/ PWDs
Progress to Date - Corvallis

- Hospital improved parking, more spaces, drop-off point, signage
- The para-transit bus system added 7 volunteers to address call volume
- 3 new bus routes added to increase access to hospital services
Progress to Date - Corvallis

- Local Partner and OSU held a forum to discuss physical activity and recreation

- Local Partner has coordinated letter writing efforts to the editor of the local paper
CE Locations: Kansas

• **Emporia, Kansas:**
  Example Prioritized Issue: Lack of accessible exam tables in clinic

• **Lawrence, Kansas:**
  Example Prioritized Issue: Lack of disability awareness by health provider professionals

• **Kansas City, Kansas:** Date Pending
RTC MICL and Kansas Department of Health co created "Healthcare Access for Persons with Disabilities," a continuing education course for physicians, nurses, social workers, other healthcare professionals and medical office staff.
Progress to Date: Prioritized Barriers

- Corvallis: 7/9
- Pendleton: 6/9
- Newburg: 5/10
- Medford: 5/10
- Roseburg: 5/9
Questions & Discussion
Thanks!

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The University of Kansas RTC/MICL
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